



University of California  
San Francisco

Capital Projects & Facilities Management  
Capital Projects Division  
Campus Box 0894  
Fax: 476-6503

## Project Management Evaluation Form (by Client)

**Project No.:**  
**Project Title:**  
**Client:**  
**Department:**  
**Project Manager:**

Please look at each of the listed service attributes. Rate them by priority, based on its importance to you. Likewise, score each attribute based upon final performance. Fold, staple, and drop in Campus Mail Box 0894. Thank you for your feedback and for helping our continuing effort to improve our services.

### Priority Key

High = Very Important  
Medium = Important  
Low = Not Important

### Score Key

5 = Excellent  
4 = Good  
3 = Satisfactory  
2 = Less than Satisfactory  
1 = Poor

		<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low						
<b>1.</b>	<b>Project "Process"</b>									
	a. Project Manager's understanding of your needs				1	2	3	4	5	
	b. Project Manager's consideration in meeting your needs				1	2	3	4	5	
	c. Clear explanation of the roles and responsibilities of all project participants				1	2	3	4	5	
	d. Explanation of the procedures of contributing campus departments				1	2	3	4	5	
	e. Project Manager's helpfulness in resolving conflicts				1	2	3	4	5	
	f. Project Manager's effective management of project				1	2	3	4	5	
	g. Explanation of design to occupancy process at the beginning of the project				1	2	3	4	5	
	h. Availability of both budgets and schedules				1	2	3	4	5	
	i. Usefulness of information provided in budgets, schedules and memos				1	2	3	4	5	
	j. Effective explanation of project budget by Project Manager				1	2	3	4	5	
	k. Clear understanding of the basis of project management fee				1	2	3	4	5	
	l. Project Manager's explanation of services provided				1	2	3	4	5	
	m. Project Manager's responsiveness to problems				1	2	3	4	5	
	n. Project Manager's promptness of response				1	2	3	4	5	
<b>2.</b>	<b>Project "Status"</b>									
	a. Availability of Status Reports				1	2	3	4	5	
	b. Timeliness of Status Reports				1	2	3	4	5	

Date: \_\_\_\_\_

Scored By: (Optional) \_\_\_\_\_

Building Location of Scorer: \_\_\_\_\_



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- c. Accuracy of Status Reports 1 2 3 4 5
- d. Project Manager consulted with client on problem solving issues 1 2 3 4 5
- e. Project Manager's efficiency with approved budget 1 2 3 4 5
- f. Project Manager's justification of budget changes 1 2 3 4 5
- g. Project was constructed following the approved schedule 1 2 3 4 5
- h. Project Manager's justification of schedule changes 1 2 3 4 5

**Were there any lessons that would be useful for future projects?**

**Other Comments:** (use back of form if necessary)

Date: \_\_\_\_\_

Scored By: (Optional) \_\_\_\_\_

Building Location of Scorer: \_\_\_\_\_